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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/413,036	<b>FILING DATE</b> 10/06/1999 <b>RULE</b> -	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2744 2685	<b>ATTORNEY DOCKET NO.</b> 2925-0344P
<b>APPLICANTS</b> ASIF D. GANDHI, SUMMIT, NJ ; LEI SONG, WOODBRIDGE, NJ ; MATHEW THOMAS, SCOTCH PLAINS, NJ ; STANLEY VITEBSKY, PARSIPPANY, NJ ; ** CONTINUING DATA ***** None (md) ** FOREIGN APPLICATIONS ***** None (md)				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> GRANTED ** 11/30/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance (md)		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 38
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> BIRCH STEWART KOLASCH & BIRCH LLP P O BOX 747 FALLS CHURCH ,VA 220400747				
<b>TITLE</b> METHOD AND APPARATUS FOR CONTROLLING REVERSE LINK INTERFERENCE RISE AND POWER CONTROL INSTABILITY IN A WIRELESS SYSTEM				
<b>FILING FEE RECEIVED</b> 1162	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/413,036	10/06/99	455	2749	2925-0344P

APPLICANT ASIF D. GANDHI, SUMMIT, NJ; LEI SONG, WOODBRIDGE, NJ; MATHEW THOMAS, SCOTCH PLAINS, NJ; STANLEY VITEBSKY, PARSIPPANY, NJ.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

None *TM*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

None *TM*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

None *TM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/30/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 18	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 4
Verified and Acknowledged <i>TM</i> Examiner's Initials Initials						

ADDRESS	BIRCH STEWART KOLASCH & BIRCH LLP P O BOX 747 FALLS CHURCH VA 22040-0747
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TITLE	METHOD AND APPARATUS FOR CONTROLLING REVERSE LINK INTERFERENCE RISE AND POWER CONTROL INSTABILITY IN A WIRELESS SYSTEM
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FILING FEE RECEIVED  \$1,162	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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